ELLSWORTH CARE CENTER 403 NORTH MAPLE STREET

Number of Residents on 12/31/05:

ELLSWORTH 54011 Phone: (715) 273-5821 Ownership: Limited Liability Company Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/05): 54 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/05): 60 Title 19 (Medicaid) Certified? Yes

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Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)							
Primary Diagnosis	8	Age Groups _	* 	Less Than 1 Year 1 - 4 Years				
Developmental Disabilities	2.3	Under 65	2.3	More Than 4 Years	27.3			
Mental Illness (Org./Psy)	20.5	65 - 74	13.6					
Mental Illness (Other)	4.5	75 - 84	29.5		100.0			
Alcohol & Other Drug Abuse	0.0	85 - 94	47.7					
Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.8	Full-Time Equivalent				
Cancer	0.0			Nursing Staff per 100 Resid	ents			
Fractures	0.0		100.0	(12/31/05)				
Cardiovascular	11.4	65 & Over	97.7					
Cerebrovascular	11.4			RNs	5.1			
Diabetes	15.9	Gender	%	LPNs	13.9			
Respiratory	2.3			Nursing Assistants,				
Other Medical Conditions	31.8	Male	40.9	Aides, & Orderlies	33.9			
		Female	59.1	İ				
	100.0	İ		į				
			100.0	İ				

Average Daily Census:

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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other]	Private Pay	2		amily Care			anaged Care	Į		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	3.1	154	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.3
Skilled Care	3	100.0	350	26	81.3	131	0	0.0	0	8	88.9	140	0	0.0	0	0	0.0	0	37	84.1
Intermediate				4	12.5	109	0	0.0	0	1	11.1	140	0	0.0	0	0	0.0	0	5	11.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	3.1	195	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.3
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		32	100.0		0	0.0		9	100.0		0	0.0		0	0.0		44	100.0

ELLSWORTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	14.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		56.8	43.2	44
Other Nursing Homes	2.9	Dressing	11.4		72.7	15.9	44
Acute Care Hospitals	80.9	Transferring	31.8		40.9	27.3	44
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.5		59.1	20.5	44
Rehabilitation Hospitals	0.0	Eating	75.0		13.6	11.4	44
Other Locations	1.5	*******	******	*****	******	******	*****
Total Number of Admissions	68	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.3	Receiving Resp	iratory Care	11.4
Private Home/No Home Health	46.7	Occ/Freq. Incontinen	it of Bladder	56.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	it of Bowel	36.4	Receiving Suct	ioning	0.0
Other Nursing Homes	2.7				Receiving Osto	my Care	0.0
Acute Care Hospitals	17.3	Mobility			Receiving Tube	Feeding	2.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	9.1	Receiving Mech	anically Altered Diets	29.5
Rehabilitation Hospitals	0.0					_	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	32.0	With Pressure Sores		11.4	Have Advance D	irectives	81.8
Total Number of Discharges		With Rashes		4.5	Medications		
(Including Deaths)	75	İ			Receiving Psyc	hoactive Drugs	59.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***************	******	*****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	8	Ratio	%	Ratio	%	Ratio	%	Ratio
Oggunangy Pata: Average Pails Congue/Liganged Pada	71.7	0 5 0	0.84	96.3	0.83	88.8	0.81	00 1	0.81
Occupancy Rate: Average Daily Census/Licensed Beds		85.8		86.3				88.1	
Current Residents from In-County	93.2	81.3	1.15	80.0	1.16	83.2	1.12	77.6	1.20
Admissions from In-County, Still Residing	16.2	16.8	0.97	18.8	0.86	18.7	0.86	18.1	0.89
Admissions/Average Daily Census	158.1	216.2	0.73	180.5	0.88	177.7	0.89	162.3	0.97
Discharges/Average Daily Census	174.4	217.8	0.80	178.7	0.98	179.2	0.97	165.1	1.06
Discharges To Private Residence/Average Daily Census	81.4	100.9	0.81	87.1	0.93	83.4	0.98	74.8	1.09
Residents Receiving Skilled Care	86.4	97.2	0.89	96.4	0.90	96.3	0.90	92.1	0.94
Residents Aged 65 and Older	97.7	91.5	1.07	93.5	1.04	91.3	1.07	88.4	1.11
Title 19 (Medicaid) Funded Residents	72.7	61.7	1.18	59.0	1.23	61.8	1.18	65.3	1.11
Private Pay Funded Residents	20.5	19.4	1.05	24.5	0.83	22.5	0.91	20.2	1.01
Developmentally Disabled Residents	2.3	0.9	2.61	0.8	2.68	1.1	2.06	5.0	0.46
Mentally Ill Residents	25.0	28.9	0.87	31.6	0.79	34.8	0.72	32.9	0.76
General Medical Service Residents	31.8	23.7	1.34	26.1	1.22	23.0	1.38	22.8	1.40
Impaired ADL (Mean)	48.2	47.9	1.01	47.8	1.01	48.4	0.99	49.2	0.98
Psychological Problems	59.1	59.1	1.00	57.6	1.03	59.5	0.99	58.5	1.01
Nursing Care Required (Mean)	7.4	7.1	1.04	7.0	1.06	7.2	1.03	7.4	1.00